

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** FAMILY HOUSE 1 (310110)

**Address:** 3269 N 11TH ST, MILWAUKEE, WI 53206

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/1990

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0096716      **End Date:** 03/20/2006      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10011844    Served 04/11/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(2)(a)	WRITTEN STAFFING SCHEDULE		
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL		
83.41(1)(g)2.c	CLOSET SPACE		
83.41(2)(b)5	WASHCLOTH, HAND TOWEL AND BATH TOWEL		
83.42(3)(e)	QUARTERLY FIRE DRILLS		
83.51(2)(a)	GARAGE AND UTILITY BUILDINGS		

**Survey ID:** 0093582      **End Date:** 09/20/2004      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009036    Served 11/12/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(2)	MODIFIED OR SPECIAL DIETS	02/23/2006	Yes

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**Survey ID: 0092206      End Date: 03/16/2004      Type: OTHER      Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0092156      End Date: 03/09/2004      Type: OTHER      Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0092141      End Date: 01/26/2004      Type: OTHER      Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008964    Served 03/18/2004

Deficiencies Cited  
50.065(4m)(c)

Subject Area  
COMPLETE BACKGROUND INFORMATION  
DISCLOSURE FORM

Compliance  
Verified  
02/23/2006

Corrected  
Yes

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**Survey ID: 0091533      End Date: 06/19/2003      Type: OTHER      Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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CLASS CNA (NONAMBULATORY)

**Enforcement History**

**Date: 04/10/2006      SOD #10011844      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.42(3)(e)

**Date: 11/09/2004      SOD #10009036      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.35(2)

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 11/28/2005**

**Date Investigation Completed: 03/20/2006**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

SUBSTANTIATED

SOD #

10011844

**Date Complaint Received: 02/13/2004**

**Date Investigation Completed: 03/16/2004**

Subject Area(s)

MEDICATIONS

Result

SUBSTANTIATED

SOD #

NOT RECORDED

**Date Complaint Received: 12/05/2003**

**Date Investigation Completed: 01/15/2004**

Subject Area(s)

MEDICATIONS

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/25/2003**

**Date Investigation Completed: 03/09/2004**

Subject Area(s)

RESIDENT RIGHTS

QUALITY OF LIFE

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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